

# Mishap Identification and Reporting Requirements



**“Is It Reportable?”**

**The following provides the background and references required to help you comply.**

# Mishap Identification and Reporting Requirements



**Please remember, your WESS account will serve as a repository for more than just reportable events. It will also hold your “recordable” events and non-safety events such as suicides. Here at the Safety Center, we will assure that “non-reportable” events have codes added to them so that they are not used**

# Mishap Reporting

## Contact Information

**Installation & Industrial Safety  
Programs**

**757-444-3520 x7151**

**Aviation Mishaps and Hazards**

**757-444-3520 x7245**

**Afloat Reporting**

**757-444-3520 x7115**

**WESS Help Desk**

**757-444-3520 x7048**



# Objectives

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- **Mishap Recordkeeping**
  - ❖ **OSHA 29 CFR 1904 and 1960**
- **Overview of DoD 6055.07 & DoN 5102.1 Mishap Reporting (Aviation 3750 reporting will be covered separately starting on slide 61).**
  - ❖ **Brief review of mishap reporting requirements**
  - ❖ **Mishap Classifications**
  - ❖ **Reporting Procedures**

# **Mishap Recordkeeping**

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## **Federal Agency Recordkeeping for Injuries and Illnesses**

# Overview of OSHA Recordkeeping

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- How federal agencies record their injuries and illnesses
  - ❖ OSHA's Recording and Reporting Occupational Injuries and Illnesses Standard 29 CFR Part 1904
  - ❖ Revised 29 CFR 1960 adopts the 1904 rules

# **In with the new! (29 CFR Part 1904)**

- Establishes comparable data
  - ❖ Federal agencies vs. private sector
- Broadens employee coverage
- Improves data accuracy, validity, and quality
- Tracks occupational injuries and illnesses
- Improves safety & health program mgmt.

# What this means for DoN Commands

- When an injury/illness occurs you must determine
  - ❖ **Did an injury/illness occur?**
  - ❖ **Is it work related?**
  - ❖ **Is it recordable** (on the OSHA Log)?
  - ❖ **Is it reportable** (in WESS/ESAMS)?
- You must maintain an OSHA 300 Log
- You must prepare annual OSHA 300A Summary and post from 1 Feb. through 30 April in your workplace.



# First, some terminology

## ➤ Work-relatedness

- ❖ See the next several slides

## ➤ Recordable

- ❖ We **record** injuries/illnesses on the OSHA 300 Log

## ➤ Reportable

- ❖ We **report** injuries/illness in WESS or ESAMS

## ➤ Compensable

- ❖ Injuries/illnesses are **compensable** when the Office of Workers Compensation Program (OWCP) determines if a case is compensable (not the Command).

# Occupational Safety & Health Administration



## **Introduction to 29 CFR Part 1904 OSHA's Recordkeeping Standard**

# Determining Work-Relatedness (1904.5)

- An event or exposure in the work environment
  - ❖ Either caused or contributed to the resulting condition
  - ❖ Significantly aggravated a pre-existing injury or illness
- Injuries and illnesses occurring in the work environment are generally presumed to be work-related, unless they fit into one of OSHA's nine exceptions. [1904.5(b)(2)]

# **Exceptions to Work-Relatedness**

## **[1904.5(b)(2)]**

- 1. Present as member of general public**
- 2. Symptoms arising in work environment, solely due to non-work-related event or exposure**
- 3. Voluntary participation in wellness program, medical, fitness, or recreational activity**
- 4. Eating/drinking or preparing food/drink for personal consumption**
- 5. Personal task outside assigned working hours**
- 6. Personal grooming, self-medication for non-work-related condition, or intentionally self-inflicted**
- 7. Motor vehicle accident in parking lot/access road during commute**
- 8. Common cold or flu**
- 9. Mental illness unless medical opinion states work-related**

# What if an employee is injured working at home?

- Considered work-related if
  - ❖ Injury or illness occurs while employee is performing work for pay/compensation in the home, e.g. telecommuting. This must be a **work related** task, and not a hazard present in the home (e.g. back strain as a result of lifting a box of copy paper).

# If it is work-related...

## ➤ Then ask

- ❖ Is it recordable? – If yes, it goes on the OSHA 300 Log
- ❖ Is it compensable? – It gets sent as a CA-1/2 to HR who sends it to OWCP (It could also be recordable, in which case it would also go on the OSHA 300 Log.)
- ❖ Is it reportable? – If yes, then a WESS or ESAMS entry is made

# Is it a first aid case?

- First aid is defined using a finite list of treatments.
- All other treatment is now considered medical treatment.
- The regulation also clarifies the recording of "light duty" or restricted work cases.
  - ❖ Record cases when injured/ill employee only works partial days or is restricted from his or her "routine functions." "Routine functions" are defined as work activities the employee regularly performs at least once weekly.

# Once it's work-related, is it recordable?

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- OSHA's general criteria that make an injury/illness recordable
  - ❖ Death
  - ❖ Days away from work
  - ❖ Restricted work or job transfer
  - ❖ Medical treatment beyond first aid
  - ❖ Loss of consciousness
  - ❖ You must also record work-related injuries and illnesses that are significant or meet any of the additional criteria



# What is significant?

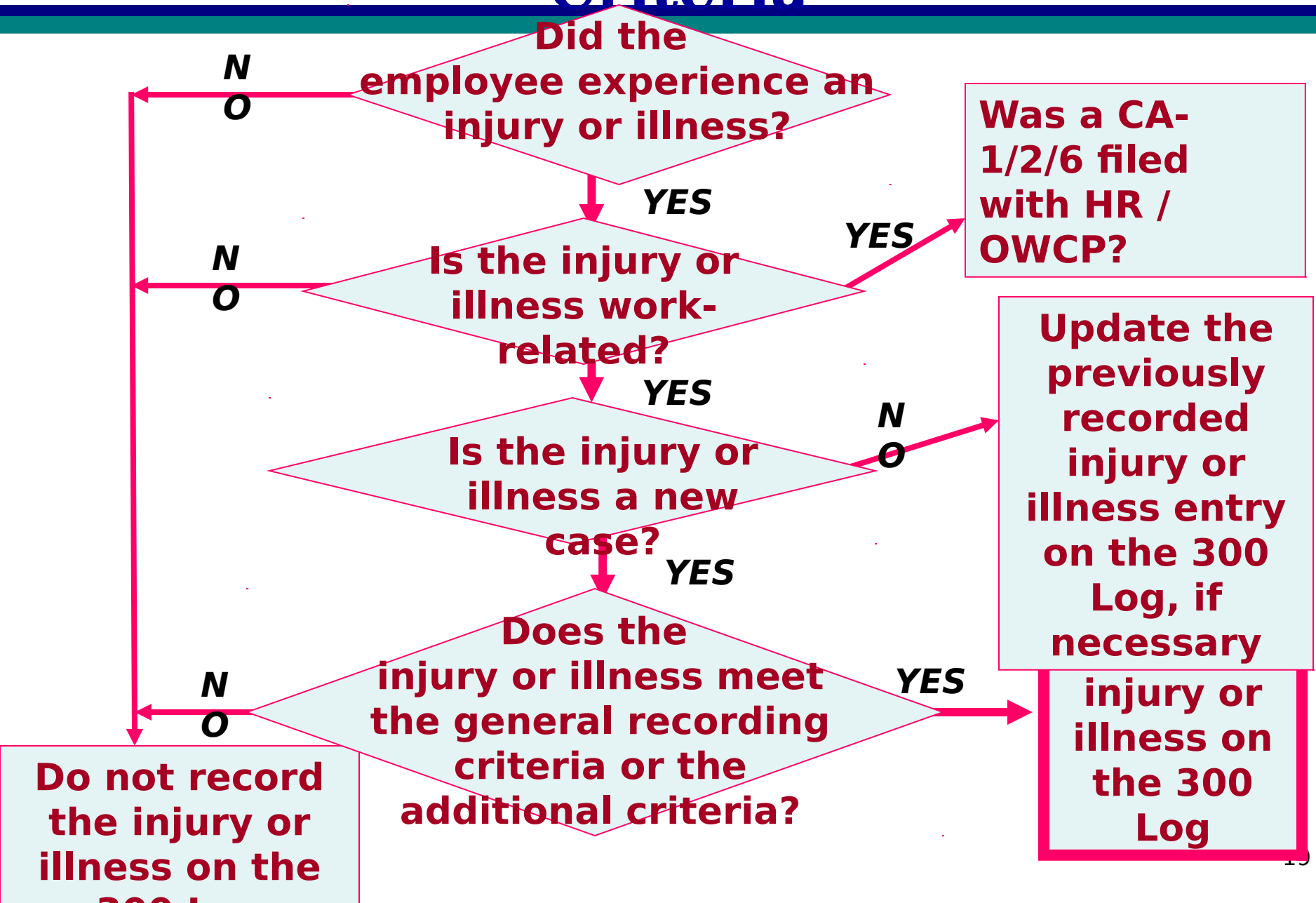
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You must record any significant work related injury or illness that is diagnosed by a physician or other licensed health care professional. You must record any work-related case involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum. See 29 CFR 1904.7

# What are the additional criteria?

- **You must record the following conditions when they are work-related:**
  - ❖ Any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material;
  - ❖ Any case requiring an employee to be medically removed under the requirements of an OSHA health standard;
  - ❖ Tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional after exposure to a known case of active tuberculosis.
  - ❖ An employee's hearing test (audiogram) reveals 1) that the employee has experienced a Standard Threshold Shift (STS) in hearing in one or both ears (averaged at 2000, 3000, and 4000 Hz) and 2) the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS. Medical treatment includes managing and caring for a patient for the purpose of combating disease or disorder. The following are not considered medical treatments and are NOT recordable: visits to a doctor or health care professional solely for observation or counseling;

# 1904 Injury/Illness Recording Criteria



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# **Recording Special Cases**

# Fatality Reporting (1904.39)

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- Reporting fatalities (this includes death by natural causes OSHA will determine work relatedness) and the hospitalization of three or more employees to OSHA within 8 hours has not changed.
- The report must be made orally to the OSHA area office near the incident site or by using the toll free number, 1-800-321-6742 (OSHA).

# Recording Needle sticks (1904.8)

- Record all workplace cut and puncture injuries resulting from contaminated (or reasonably anticipated to be contaminated with blood or other potentially infectious materials that may lead to bloodborne diseases) sharps.
  - ❖ These diseases include Acquired Immunodeficiency Syndrome (AIDs), hepatitis B and hepatitis C.
- Does not require all cuts and punctures to be recorded. For example, cut from a knife that was not contaminated (by blood) would not be recordable if only first aid was used to treat it.

# Medical Surveillance Removal (1904.9)

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- In addition, record an injury or illness case on the OSHA 300 Log when the employee is medically removed under the medical surveillance requirements of any OSHA standard.

# Hearing Loss (1904.10)

- Revised the criteria for recording work-related hearing loss beginning January 1, 2003.
- Must be recorded when hearing testing reveals employee experienced a work-related Standard Threshold Shift (STS) in one or both ears and the employee's total hearing level is 25 dB or more above audiometric zero in the same ear as the STS.
- OSHA issued new recordkeeping forms requiring employers to check the hearing loss column on the OSHA 300 Log beginning January 1, 2004.



# Tuberculosis (1904.11)

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- Must record a case when an employee is exposed to someone with a known case of tuberculosis, and that employee subsequently develops a tuberculosis infection.

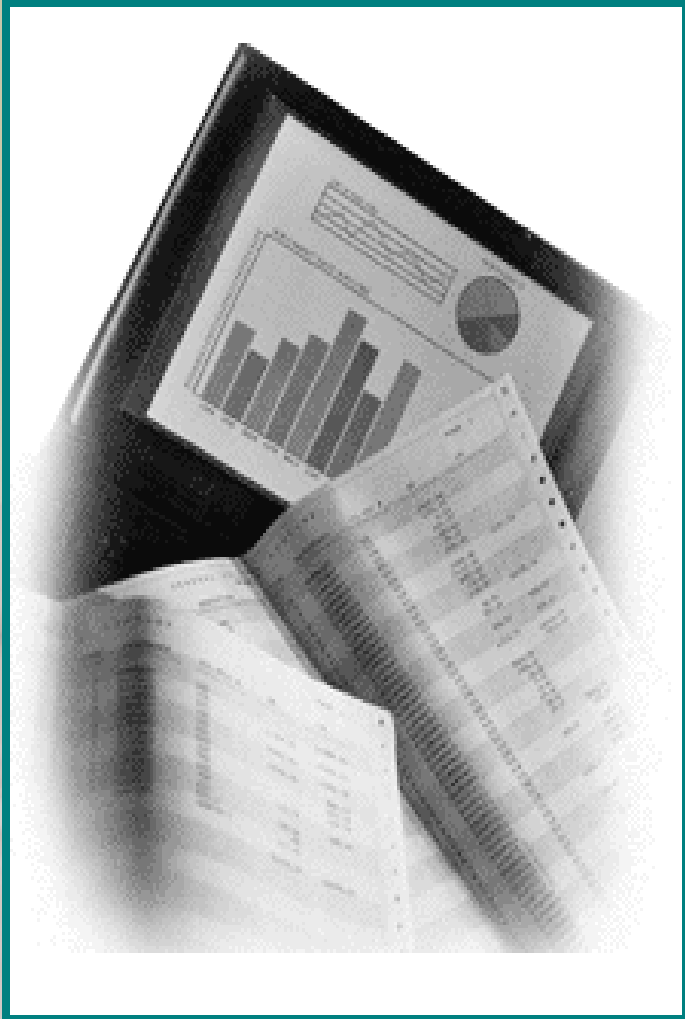
# Musculoskeletal Disorders (MSDs)

## (1904.12)

- OSHA decided NOT to include separate column for MSDs on the Log and Summary forms.
- This has no effect on our obligation to record all cases meeting the requirements of ¶ 1904.4-1904.7.
- If a musculoskeletal disorder is work-related, is a new case, and meets one or more of the general recording criteria, it must be recorded.
  - ❖ For entry on the 300 Log, check either "injury" or "all other illnesses."



# Web Enabled Safety System



## Ergonomic Injury & Illness Cases

### **Workplace Musculoskeletal Disorders (WMSDs)**

# What is Ergonomics?

- **Ergonomics** - study and application of knowledge about physiological and biomechanical capacities and limitations of the human body.
- Applied in the planning, design, and evaluation of work environments, jobs, tools and equipment to enhance worker performance, safety and health and reducing the potential for fatigue, error, or unsafe acts.
- **Fitting the workplace to the worker.**
- Ergonomics is a general term that has different meanings to different audiences. Most often, this term is applied to work-related musculoskeletal disorders (MSDs).

# Musculoskeletal Disorders (MSDs)

- Musculoskeletal disorders (MSDs) are defined as injuries and disorders of the muscles, nerves, tendons, ligaments, joints, cartilage and spinal disks.
- These are medical conditions that generally develop gradually over a period of time, and do not typically result from a single instantaneous event.
- This definition specifically states that MSDs do not include injuries caused by slip, trips, falls, or other similar accidents.
- They can differ in severity from mild periodic symptoms to severe chronic and debilitating conditions.

# Work-Relatedness is Key

- **Work-Related Musculoskeletal Disorder (Ergonomic)** - An injury or an illness of the muscles, tendons, ligaments, peripheral nerves, joints, cartilage (including inter-vertebral discs), bones and/or supporting blood vessels in either the upper or lower extremities, back, or neck.
- **WMSDs are associated with workplace risk factors and include but are not limited to: cumulative trauma disorders, repetitive stress, strain or repetitive motion injuries or illnesses.**
- **Risk Factors** - Workplace conditions that pose a biomechanical, or physiological stress to a worker.
- **Examples of work place risk factors include:**
  - ❖ **force**
  - ❖ **repetition**
  - ❖ **awkward or static posture**
  - ❖ **vibration**
  - ❖ **and compression**
- **When present for sufficient duration, frequency, or magnitude**

# Ergonomics / WMSD Cases

- **Ergonomics - Work-related injury or illness cases resulting from human interaction with workplace equipment, tools, layout, etc.**
  - ❖ 1904 deferred on separate log column for WMSDs.
  - ❖ Record cases when OSHA thresholds are met.
- **DASN(S) Initiated a Naval Audit Service assessment of implementation of Navy ergonomics program implementation.**
  - ❖ Findings stressed need to improve identification, reporting and mitigation of ergonomic injuries.
  - ❖ Expanded current data elements in WESS to allow greater specificity, e.g. CTS, repetitive motion, musculo-skeletal disorders, etc.

# Additions to BLS Nature of Injury Values

1. Peripheral nervous system disorders
2. Carpal Tunnel Syndrome
3. Raynaud's/Vibration white finger syndrome
4. Hernia
5. Arthritis
6. Sciatica
7. Lumbago
8. Rheumatism
9. Bursitis/Synovitis
10. Tendonitis
11. Tenosynovitis

12. Disc disorders of spine
13. Myositis
14. Eye strain
15. Musculoskeletal system and connective tissue disorders, NEC

## General Signs & Symptoms

12. Back pain, Hurt back
13. Soreness, general pain, hurt (except back)

**Total Additions: 28 Values**



# What OSHA resources are there?

- OSHA's recordkeeping website
  - ❖ <http://www.osha.gov/recordkeeping/index.html>
- OSHA Recordkeeping forms
  - ❖ <http://www.osha.gov/recordkeeping/new-osha300form1-1-04.pdf>
- How to determine OSHA recordability
  - ❖ <http://www.osha.gov/recordkeeping/ppt1/RK1flowchart.html>
- OSHA Recordkeeping Handbook (OSHA 3245-01R, 2005)
  - ❖ <http://www.osha.gov/recordkeeping/handbook/index.html>

## Mishap Classifications

# Mishap Classifications

## ➤ Classified by their degree of severity (DODI 6055.07)

### ❖ Class A

- \$2 Million or more in material property damage, fatality or permanent total disability

### ❖ Class B

- \$500K-1,999,999 material property damage, permanent partial disability, 3+ persons hospitalized for inpatient care, beyond observation

### ❖ Class C

- \$50k or more but less than \$500k material property damage; work-related injury/illness causing time away from work

### ❖ Class D (all other injury/illness)

- Medical Treatment beyond First Aid or loss of consciousness
- Limited, Light or Restricted Duty or No Lost Work Time.

**First Aid Mishaps may be reported via WESS,  
however they will not appear on Log**

# Applicability to Military & Civilians

## ➤ On-Duty and Off-Duty Military

- ❖ Active duty, reserves, National Guard, cadets, midshipmen, ROTC, & foreign national military assigned to DOD components, on-base or off-base

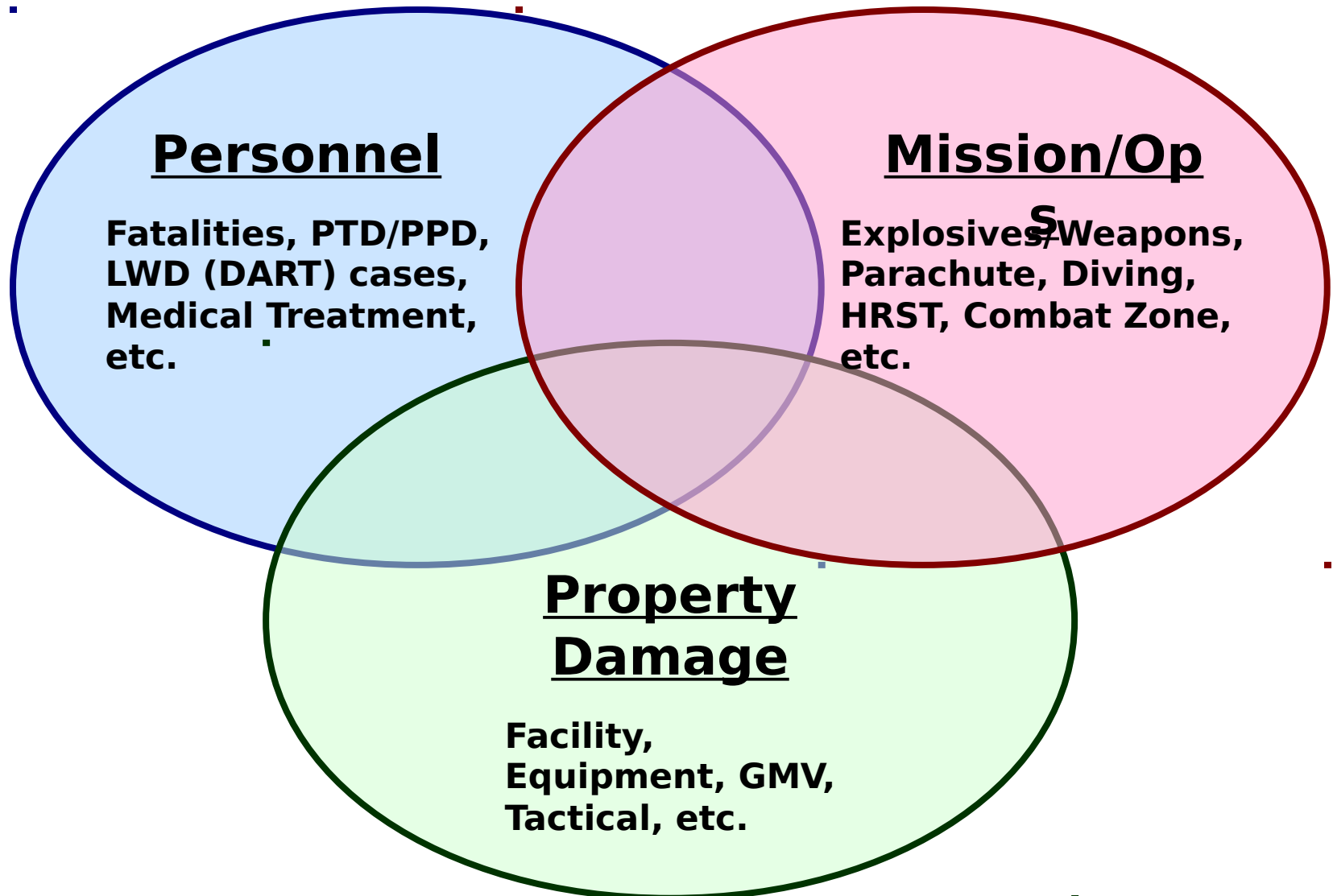
## ➤ Civil Service Employees

- ❖ Navy and Marine Corps employees in an on-duty status – Includes DoN AF and NAF personnel and foreign nationals

## ➤ Contractors (new policy)

- ❖ Contractor employees when DON provides the day-to-day supervision and a means to change the work environment (correct, control, eliminate or prevent hazards or mishaps).
- ❖ Does not pertain to contractors at DON sites not under the direct supervision of DON

# Consolidated Reportable Mishaps



# Reportable Mishaps

- Class A, B, and C on-duty civilian and on/off-duty military injury/illness and property damage mishaps
- Class D - Any other work-related illness or injury that involves medical treatment, beyond first aid
  - ❖ Includes light or limited duty and job transfer or restricted work, time away from work (lost work time), loss of consciousness or higher severity
- Other reportable mishaps
  - ❖ Physical readiness or other training Class A mishaps
  - ❖ DOD-caused injury (beyond first aid) or death of Non-DoD personnel
  - ❖ Conventional ordnance mishaps
  - ❖ On-duty diving cases, and those with hyperbaric treatment
  - ❖ All afloat groundings, collisions, floodings, and fires
  - ❖ All GMV/GVO resulting in \$5K or more prop damage, or injury

**Reference: 5102.1D Section  
3004**

# Reportable Mishaps - Cont'd

## ➤ Other reportable mishaps - continued

- ❖ Any mishap involving Helo Rope Suspension Technique, Cargo Air Drop, or Parachuting
- ❖ Work-related mishap involving DON-supervised contractor, caused by DON evolution or operation. Contractors are still responsible for reporting their mishaps to OSHA.
- ❖ Medically diagnosed work-related injury or illness (CTD) with or without lost work time or further medical treatment
- ❖ Work-related Significant Threshold Shift in Hearing
- ❖ Work-related Needle Stick or Sharps mishap
- ❖ Work-related TB infection
- ❖ Any case requiring a civilian employee to be removed from work under the requirements of an OSH standard
- ❖ Combat Zone mishaps
  - Mishaps are not the result of direct enemy action
  - Shorter version of required report

# Mishap Investigations

- The following mishaps are to be investigated by a Safety Investigation Board (SIB) and reported via naval message in the Safety Investigation Report (SIREP)/WESS within 30 days.

- ❖ Class A

- Fatality
- Permanent Total Disability
- Property Damage greater than \$2 million dollars

- ❖ Other

- On-Duty or On-Base Military Fatality was result of medical event within 1 hour of PT/PFA/PFT/PRT/CFT
- All Class A or B Explosives/Live Fire mishaps.
- Inpatient hospitalization of 3 or more personnel, beyond observation and/or diagnostic care.
- Friendly Fire mishaps.
- DOD-caused death or PTD of Non-DoD personnel



# Recording / Reporting Mishaps

## ➤ Reporting

- ❖ Safety Investigation Report (SIREP) - joint format
  - Parts A (general) and B (investigation board)
  - Sent by naval message
  - Sent electronically using WESS
- ❖ WESS - uses same data elements as the SIREP
  - WESS is the preferred method of reporting
  - Unit must enter info from SIREP into WESS
  - Disconnected version for those without reliable internet, must have at least e-mail access

➤ **Reports must be submitted within 30 days**  
All recordable mishaps are entered into WESS. In effect, all recordable events are now considered “reportable” mishaps.

# Log of Work-Related Injuries & Illnesses

- Logs must be kept for
  - ❖ Civilian employees – OSHA required.
  - ❖ Separate log for on-duty duty military per 5102.

- WESS is used to
  - ❖ Make log entries
  - ❖ Download/print log
  - ❖ Download/print annual summaries

- Data from all log entries available on-line
- Entered as individual line entry for each person involved

Log of Work-Related Civilian ON DUTY Injuries and Illnesses (OSHA 300)  
10/01/2008 to 09/30/2009

Compiled by Reporting Activity UIC M00  
MARINE CORPS RECRUIT DEPOT


Run 12/03/2009  
Page 1 of 6

Identify the person		Describe the case		Classify the case		Number of days the worker was:		Injury or type of illness									
(A) Case Number	(B) Employee's Name (C) Job Title	(D) Date of Injury or Onset of Illness	(E) Where the event occurred	(F) Describe injury or illness, parts of body affected, and object/substances that directly injured or made person ill	(G) Death Days Away From Work	(H) Job Transfer or Restriction	(I) Other Recordable Codes	(J) Away From Work	(K) On Job	(L) Total	(M) Injury	(N) Skin Disease	(O) Respiratory Condition	(P) Poisoning	(Q) Hearing Loss	(R) All Other	(S) Cumulative
5284-0301	FIRE PROTECTION AND PREVENTION	10/14/2008	SUPPORT FACILITY OTHER: Fire Dept Bldg	STRUCK BY SWINGING OR SLIPPING OBJECT PLANT, INDUSTRIAL NON-POWERED VEHICLE, BRUISES, CONTUSIONS ELBOW(S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5223-0538	INFORMATION TECHNOLOGY MANAGEMENT	11/14/2008	SUPPORT FACILITY OTHER: MARS Campus	CONTACT WITH ELECTRIC CURRENT OF MACHINE TOOL, APPLIANCE, OR LIGHT OFFICE AND BUSINESS MACHINERY TRAUMATIC INJURIES TO NERVES, EXCEPT THE HAND(S) AND ARMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5322-0019	DISPATCHING	11/17/2008	SUPPORT FACILITY OTHER: 157 Main Tower	FALL DOWN STAIRS OR STEPS STAIRS, STEPS, LADDERS BRUISES, CONTUSIONS KNEE(S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5311-0138	PUBLIC AFFAIRS	12/16/2008	TRANSIENT QUARTERS: 2d Flrm 05B	FALL DOWN STAIRS OR STEPS STAIRS, STEPS, LADDERS SPRAINS, STRAINS, TEARS ANKLE(S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5027-0546	PLUMBING	01/07/2009	SUPPORT FACILITY OTHER: Bldg 103 Cms	STRUCK BY DISCHARGED OBJECT OR SUBSTANCE SAWS, SAWING MACHINES CUTS, LACERATIONS HAND(S), EXCEPT FINGER(S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5058-0548	MATERIALS HANDLING	01/08/2009	SUPPORT FACILITY OTHER: Fastback Wash	OVEREXERTION IN LIFTING BOXES, CRATES, CARTONS SPRAINS, STRAINS, TEARS LUMBAR VERTEBRAE, MULTIPLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5014-0545	FIRE PROTECTION AND PREVENTION	01/14/2009	TRAINING FACILITY OTHER: Bldg 144 Range	STRUCK AGAINST OBJECT OTHER STRUCTURES, DOORS, WALLS, INJURIES TO MUSCLES, TENDONS, LIGAMENTS, LUMBAR VERTEBRAE, OTHER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


# OSHA Logs in WESS


- WESS has two places you can retrieve an OSHA log – Serve different purposes
  - ❖ On the Main Menu (where you go to Create a New Report). This will print those reports in draft and any other mishaps reported via WESS. (All records)
  - ❖ Pre-formatted Reports – This will print historical data and mishaps that have been QA'd. Will not print mishaps in draft. (Events meeting 1904 criteria only)
- Requires UIC/RUC and date range
- Only list Class A, B, C, and limited/light duty, restricted duty mishaps and cases involving medical treatment beyond first aid
- Does not list first aid cases or non-recordable mishaps
- WESS version is a valid substitute for the OSHA version.

# OSHA 300 LOG



**Report Options: OSHA 300 Log Civilian by Personnel UIC**

\* Enter start date  

\* Enter end date  

\* Enter UIC

# OSHA-300 Log Equivalent Format

Log of Work-Related Civilian ON DUTY Injuries and Illnesses (OSHA 300)  
10/01/2008 to 09/30/2009


Compiled by Reporting Activity UIC M00  
MARINE CORPS RECRUIT DEPOT


Run 12/03/2009  
Page 1 of 6

Identify the person		Describe the case			Classify the case				Number of days the worker was:		Injury or type of illness						
(A) Case Number	(B) Employee's Name (C) Job Title	(D) Date of Injury or Onset of Illness	(E) Where the Event Occurred	(F) Describe injury or illness, parts of body affected, and object/substances that directly injured or made person ill	(G) Death	(H) Days Away From Work	(I) Job Transfer or Restriction	(J) Other Recordable Cases	(K) Away From Work	(L) On job Transfer or Restriction	(1) Injury	(2) Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Hearing Loss	(6) All other illnesses	Claim Denied
5285-0001	FIRE PROTECTION AND PREVENTION	10/14/2008	SUPPORT FACILITY OTHER Fire Dept Bldg	STRUCK BY SWINGING OR SLIPPING OBJECT  PLANT, INDUSTRIAL NON-POWERED VEHICLE, BRUISES, CONTUSIONS ELBOW(S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5023-0038	INFORMATION TECHNOLOGY MANAGEMENT	11/14/2008	SUPPORT FACILITY OTHER MCRC Columbia	CONTACT WITH ELECTRIC CURRENT OF MACHINE, TOOL, APPLIANCE, OR LIGHT  OFFICE AND BUSINESS MACHINERY TRAUMATIC INJURIES TO NERVES, EXCEPT THE HAND(S) AND ARM(S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5322-0019	DISPATCHING	11/17/2008	SUPPORT FACILITY OTHER 157 Motor Tran	FALL DOWN STAIRS OR STEPS  STAIRS, STEPS, LADDERS BRUISES, CONTUSIONS KNEE(S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5351-0136	PUBLIC AFFAIRS	12/15/2008	TRANSIENT QUARTERS 2d Floor Stair	FALL DOWN STAIRS OR STEPS  STAIRS, STEPS, LADDERS SPRAINS, STRAINS, TEARS ANKLE(S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5007-0046	PLUMBING	01/07/2009	SUPPORT FACILITY OTHER Bldg 326 Cell	STRUCK BY DISCHARGED OBJECT OR SUBSTANCE  SAWS, SAWING MACHINES CUTS, LACERATIONS HAND(S), EXCEPT FINGER(S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5005-0043	MATERIALS HANDLING	01/09/2009	SUPPORT FACILITY OTHER Fac/Maint Warehouse	OVEREXERTION IN LIFTING  BOXES, CRATES, CARTONS SPRAINS, STRAINS, TEARS LUMBAR VERTEBRAE, MULTIPLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5014-0045	FIRE PROTECTION AND PREVENTION	01/14/2009	TRAINING FACILITY OTHER Bldg 144 Raque	STRUCK AGAINST OBJECT  OTHER STRUCTURES, DOORS, WALLS, INJURIES TO MUSCLES, TENDONS, LIGAMENTS, LUMBAR VERTEBRAE, OTHER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# OSHA ANNUAL SUMMARY

**Report Options: OSHA 300 Summary for Civilians by Personnel UIC**

\* Enter start date  

\* Enter end date  

\* Enter UIC

Enter Establishment Name

Enter Street Name

Enter City Name

Enter State Code

Enter zip code

Enter Total Hours worked by all employees last year

Enter annual average number of employees

Enter industry description

**Reset** **Save Values** **OK** **Cancel** **Apply**

# Annual Summary

OSHA's Form 300A Summary  
of Civilian Work-Related Injuries and Illnesses

Personnel Activity

Run Date 01/27/2010

01/01/2009 to 12/31/2009

## Number of Cases

Total Number of Deaths	Total Number of Cases With Days Away From Work	Total Number of Cases with Job Transfers or	Total Number of Other Recordable Cases
0	18	22	0

## Number of Days

Total Number of Days	Total Number of Days with Job Transfers or Restrictions
218	168

## Injury and Illness Types

Total Number of Injuries	22
Total Number of Skin Disorders	0
Total Number of Respiratory	0
Total Number of Poisonings	0
Total Number of Hearing Loss	0
Total Number of all Other Illnesses	0

## Establishment Information

Establishment Name

Street

City

State

ZIP

Industry Description

## Employment Information

Annual Average Number of Employees

Total Hours worked by all employees last year

Sign Here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate and complete.

Company Executive

Title

( )

Phone

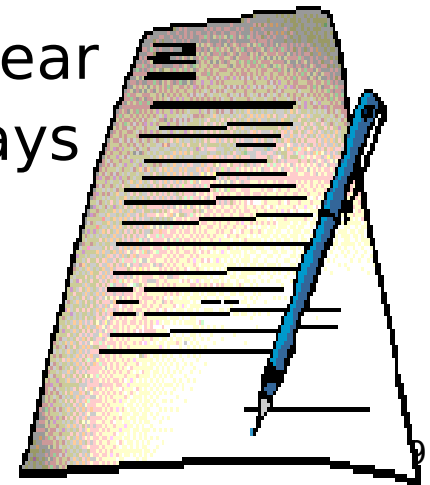
/ /

Date

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

# Annual Summaries

- USN/USMC: Annual summary of all mishaps now downloaded directly from WESS
  - ❖ Annual summary of civilian and military injuries/illnesses must be printed and posted
  - ❖ Marine Corps Annual Mishap Summary by Command has just been added to Pre-formatted Reports (Previous summary in MCO P5102.1A)
  
- 29 CFR 1904 requires
  - ❖ Posting at end of calendar vice fiscal year
  - ❖ Posted by 1 February for at least 90 days
  - ❖ Civilian employee report only





# Reporting Procedures

- Investigate and report all reportable events
  - ❖ Remote cases - nearest activity will notify parent/unit command. For injuries, jointly determine who will investigate
  - ❖ Final responsibility for reporting rests with parent/unit command or OPCON when unit is deployed
  - ❖ Use WESS, WESS-DS, or naval message
- Notify the Safety Center and the chain of command within 8 hours of the mishap by WESS, telephone or other electronic mean for the following type of mishaps
  - ❖ All Class A mishaps
  - ❖ Hospitalization of three or more people
  - ❖ DOD-caused death or PTD of Non-DoD personnel
  - ❖ May use WESS Immediate Notification Report or PCR, OPREP-3, or SITREP (NSC must be INFO ADDEE on message)
- Report all DON on-duty civilian fatalities occurring within the United States or U.S. territories to regional OSHA area office within eight hours of obtaining knowledge of the mishap

# COMBAT ZONE REPORT

## ➤ COMBAT ZONE REPORTING

- ❖ Change 1 to P5102.1B
- ❖ New Combat Zone Report – Figure 5-7
- ❖ WESS Reprogrammed for Combat Zone Reporting



DEPARTMENT OF THE NAVY  
OFFICE OF THE CHIEF OF NAVAL OPERATIONS  
2006 NAVY MONTAGUE  
WASHINGTON, DC 20350-2006  
AND  
HEADQUARTERS UNITED STATES MARINE CORPS  
1800 KILLIP COMB VENTAGN  
WASHINGTON, DC 20350-3000

OPNAVINST 5102.1D CH-1  
MCO P5102.1B Ch 1  
CNO (NC9F)/CMC (SD)

OPNAV INSTRUCTION 5102.1D CHANGE TRANSMITTAL 1  
MARINE CORPS ORDER P5102.1B Ch 1

From: Chief of Naval Operations  
Commandant of the Marine Corps

Subj: NAVY AND MARINE CORPS MISHAP AND SAFETY INVESTIGATION,  
REPORTING, AND RECORD KEEPING

Encl: (1) Revised Figure 5-1  
(2) Revised Figure 5-7

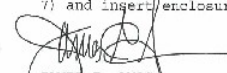
1. Purpose. To report combat zone mishaps that are not the  
result of direct enemy action.


a. Add Combat Zone Report to Figure 5-1, paragraph 1,  
Report Required Column.

b. Add Combat Zone Report to Figure 5-1, paragraph 2,  
Report Required Column.

c. The Combat Zone Mishap Report, enclosure (2), has  
changed significantly. Please read enclosure (2) in its  
entirety.

2. Action. Remove pages 5-7 through 5-9 (Figure 5-1) and  
insert enclosure (1). Remove pages 5-46 through 5-51 (Figure 5-  
7) and insert enclosure (2).

  
JAMES F. AMOS  
Assistant Commandant  
of the Marine Corps

  
A. S. JOHNSON  
Special Assistant for Safety  
Matters, Chief of Naval  
Operations

# COMBAT ZONE REPORT

- **FIGURE 5-7**
- **COMBAT ZONE MISHAP REPORT**
- **SAMPLE MESSAGE FORMAT**
- **ROUTINE**
- *(DTG)*
- *FM (Reporting Activity)(Example: A BTRY, 1ST BN, 11TH MAR)*
- **TO COMUSMARCENT (G4) (MC)//**
- **CMC WASHINGTON DC//SD//***(USMC only)*
- **COMNAVSAFECEN NORFOLK VA//00/02/10/30/40/60/90//**
- **INFO JOINT STAFF J3 READINESS DIV**
- *FLEET COMMANDERS FOR AFLOAT MISHAPS*
- *(Reporting Activity appropriate chain of command)*
- *COMPONENT COMMAND (EX. MARFORCOM/  
MARFORPAC/MARFORRES)*
- *JOINT FORCES FOR CONTINGENCY OPERATIONS*
- *MISHAP REPORTING ACTIVITY APPROPRIATE CHAIN OF COMMAND*
- **UNCLAS FOUO //N05102//**
- **MSGID/ LIMDIST/MSG ORIG/SER NO/MONTH//**

# COMBAT ZONE REPORT

- **SUBJ/COMBAT ZONE MISHAP (REPORT SYMBOL 5102.7C)//**
- **REF/A/DOC/CNO/OPNAVINST 5102.1D/MCO P5102.1B**
- **REF/B/MSG/(REQUIRED FIELD)** *(Reference activity PCR, OPREP-3 or SITREP and DTG)*
- **NARR/REF A IS THE NAVY AND MARINE CORPS MISHAP AND SAFETY INVESTIGATION, REPORTING, AND RECORD KEEPING MANUAL.//**
- **REF B IS THE ACTIVITY MESSAGE REPORT CONCERNING THE MISHAP//**
- **SUBJ: COMBAT ZONE MISHAP REPORT - REPORT SYMBOL 5102-7C//**
- **////////////////////////////////////**
- THIS REPORT IS FOR OFFICIAL USE ONLY. THIS IS A PRIVILEGED, LIMITED USE CONTROLLED DISTRIBUTION, MISHAP REPORT. UNAUTHORIZED DISCLOSURE OF THE INFORMATION IN THIS REPORT BY MILITARY PERSONNEL IS A CRIMINAL OFFENSE PUNISHABLE UNDER ARTICLE 92, UNIFORM CODE OF MILITARY JUSTICE. UNAUTHORIZED DISCLOSURE OF THE INFORMATION IN THIS REPORT BY CIVILIAN PERSONNEL WILL SUBJECT THEM TO DISCIPLINARY ACTION UNDER CIVILIAN PERSONNEL INSTRUCTION 752.
- **////////////////////////////////////**
- **RMKS/1. MISHAP**
- **SUMMARY/RECOMMENDATIONS/CORRECTIVE ACITONS:**  
**(INCLUDE PERSONNEL ACTIONS PRIOR TO THE MISHAP, DESCRIBE IF VEHICLE WAS MOVING OR PARKED, INCLUDE ANY BARRIER, EMBANKMENTS, ETC.)**
- **A. LOCALLY ASSIGNED MISHAP SERIAL NO. (EXAMPLE CZ-YYMMDD-001)**

# COMBAT ZONE REPORT

- **2. MISHAP DATA:**
- **A. REPORTING ACTIVITY COMMAND NAME, UIC/RUC/MCC:**
- **B. COMMAND NAME, UIC/MCC/RUC OF MISHAP UNIT:**
- **C. MISHAP EVENT LOCATION: (INCLUDE COUNTRY, INSIDE OR OUTSIDE THE WIRE, STREET OR ROADWAY, NAME OF INSTALLATION/BASE AND UIC/MCC/RUC)**
- **D. CHAIN OF COMMAND AS ASSIGNED DURING THE MISHAP:** *(List the OPCON command. Battalion, squadron, MEF, MAGTF, FSSG, DIV, MAW, Base, station, or parent activity of the organization or unit having the mishap.)*
- (1) WAS THE UNIT DEPLOYED? (YES OR NO)
- (2) USN UNIT ECHELON 2 OR MAJOR CLAIMANT:
- (3) USN UNIT ECHELON 3 OR TYCOM:
- (4) USMC COMPONENT COMMAND:
- (5) USMC MAJOR COMMAND:
- (6) USMC PARENT COMMAND:
- (7) USMC UNIT COMMAND:
- (8) USMC COMPANY OR DEPARTMENT:
- **E. LOCAL TIME, PERIOD OF DAY, AND DATE OF MISHAP:**  
*(Example: 0134, DAWN/DUSK, 24 March 2003)*

# COMBAT ZONE REPORT

- **F. UNIT EMPLOYMENT:** *(Describe what operation, evolution or procedure was ongoing at time of mishap.) (EXAMPLE: CONVOY OPS IN SUPPORT OF OIF, COMBAT PATROL, UNIT MAINTENANCE, TRAINING)*
- **G. TYPE OF MISHAP:** *(EXAMPLE: HMMWV ROLLOVER, NEGLIGENT DISCHARGE, PHYSICAL TRAINING (PT), MOTOR VEHICLE COLLISION)*
- 
- **3. PERSONNEL INFORMATION:**
- **A. NAME OF INVOLVED PERSONNEL:** *(Provide a list of non-injured and injured personnel who were directly involved in the operation, evolution or procedure. (Last name, first name, middle initial, SSN, AND GENDER) (repeat personnel information as applicable for each involved person and number as person 1, 2, 3, etc. and include what vehicle/weapon/or equipment they were in/operating at the time of the mishap.)*
- **B. DATE OF BIRTH:**
- **C. PAY GRADE:** *(Example:(O-4, E-3, GS-12, WG-06, etc.)*
- **D. DESIGNATOR/NOBC/PRIMARY NEC/MOS (NEC/MOS AS RELATEDS TO EVENT)/CIVILIAN JOB SERIES AND JOB TITLE:** *(Example: 1120, HM-8404, 9956,3502, GS-0018,TACTICAL SAFETY SPECIALIST etc.)*

# COMBAT ZONE REPORT

- **E. DUTY STATUS (ON OR OFF DUTY, TAD)**
- **(1) SERVICE STATUS: ACTIVE OR RESERVE, CIVIL SERVICE OR NON-APPROPRIATED FUND CIVILIAN AND BRANCH OF SERVICE (MARINES OR NAVY)**
- **F. TASK (JOB) AT THE TIME OF THE MISHAP:** *(Describe the specific job this individual had in relationship to the operation, evolution or procedure. Example: A Driver, Patrol Leader, Changing Tire. PROVIDE SEAT POSITION IN MOTOR/TACTICAL VEHICLE INVOLVED: (EXAMPLE: RIGHT FRONT, TURRET GUNNER)*
- **G. PERSONAL PROTECTIVE EQUIPMENT:** *(List any PPE that was required, whether or not it was used, and whether or not it was effective.) Example: Seatbelts, not used, ejected. Ballistic goggles, used, no injury)*
- **H. PERSONNEL TRAINING/LICENSE: (LIST DRIVER'S LICENSE STATUS, I.E. VALID, EXPIRED, WAS EMPLOYEE TRAINED FOR TASK, IF TRAINING REQUIRED FOR TAK LIST DATE AND TYPE OF TRAINING)**
- **I. INJURY TYPE:** *(List type of injury sustained in the mishap. List Body Part(s) injured. What caused the injury or death, if applicable? Did injury require emergency room visit? For injured personnel, provide the appropriate lost time data below, otherwise, indicated N/A.)*

# COMBAT ZONE REPORT

- **(1) LIGHT OR LIMITED DUTY, OR RESTRICTED WORK START DATE AND TIME (MMDDYYYY/LOCAL TIME):** *(Example: 03102003/1625)*
- **(2) LIGHT OR LIMITED DUTY, OR RESTRICTED WORK END DATE AND TIME (MMDDYYYY/LOCAL TIME):** *(Example: 03102003/1625)*
- **(3) DAYS AWAY FROM WORK DAY START DATE AND TIME (MMDDYYYY/LOCAL TIME):** *(Example: 03102003/1625)*
- **(4) DAYS AWAY FROM WORK END DATE AND TIME (MMDDYYYY/LOCAL TIME):** *(Example: 03102003/1625)*
- **(5) HOSPITALIZATION START DATE AND TIME (MMDDYYYY/LOCAL TIME):** *(Example: 03102003/1625)*
- **(6) HOSPITALIZATION END DATE AND TIME (MMDDYYYY/LOCAL):** *(Example: 03102003/1625)*
- **(7) DATE OF DEATH (if applicable)**
- **(8) HOURS DRIVEN IN THE LAST 24 HOURS**
- **(9) HOURS SLEEP IN THE LAST 24 HOURS**
- **(10) HOURS ON DUTY**
- **(11) MILES DRIVEN IN THE LAST 24 HOURS**
- **(12) ALCOHOL OR DRUGS IN THE LAST 24 HOURS (INCLUDE BAC IF ALCOHOL INVOLVED)**
- **J. IF PERMANENT LOSS TO COMMAND, PROVIDE COMMAND NAME UIC/MCC/RUC OF COMMAND TRANSFERRED TO:**



# COMBAT ZONE REPORT

- **4. INVOLVED EQUIPMENT/PROPERTY:** *(List property involved in the mishap, whether damaged or not in items (A) and (B) below. Example 5 ton truck, 60mm mortar, forklift, vending machine, 120 feet of 6-foot chain-link fence)*
- **A. DOD PROPERTY:** *(Described each piece of DOD equipment/property involved in the mishap, what command the equipment belonged to, and cost to repair or replace. Describe property damage, if property was destroyed, so state.)*
- **B. NON-DOD PROPERTY:** *(List each piece of non-DOD equipment/property involved in the mishap, damages and cost to repair or replace. If property was destroyed, so state, include any environmental cleanup cost if required.)*

# COMBAT ZONE REPORT

- **C. MOTOR/TACTICAL VEHICLE INFORMATION: (LIST TYPE OF VEHICLE BY MAKE/(HMMWV, MTVR), MODEL (M1123, MK48), SERIES (7-TON), NSN, AND ARMOR KIT YES/NO.)**
- (1) WHAT WAS THE ESTIMATED SPEED OF VEHICLE AT THE TIME OF THE MISHAP?
- (2) WHAT WAS THE AUTHORIZED SPEED LIMIT?
- **D. EXPLOSIVE/AMMO MISHAPS (PROVIDE DODIC/NALC, NOMENCLATURE, AND LOT NUMBER. FOR WEAPON SYSTEMS PROVIDE TYPE OF WEAPON AND SERIAL NUMBER.)**

# COMBAT ZONE REPORT

- 5. CAUSAL/CONTRIBUTING FACTORS:
  - **A. MISHAP ENVIRONMENTAL FACTORS:** *(Describe weather, visibility, or surface conditions. Include if there were any embankments, barriers, ditches, etc., or other conditions that may have contributed to the mishap.)*
  - **B. CAUSE CODES AND CAUSE NARRATIVE FOR THE EVENT:** (SELECT ALL THAT APPLY FROM GLOSSARY G-7. EX: DRIVER CONDITION: FATIGUE, ILL). **IF EQUIPMENT DESIGN OR COMPONENT FAILURE CONTRIBUTED TO CAUSE OF THIS MISHAP, PROVIDE MODEL, SERIES, AND A DESCRIPTION OF FAILURE AND INFO CG MARCORSYSCOM ON THE CZR.** IF DRIVER/NON MOTORIST ACTION CONTRIBUTED TO THE MISHAP PROVIDE EXPLANATION. **LIST ANY DISTRACTIONS** THAT MAY HAVE CONTRIBUTED TO THE MISHAP, LIST IF ALCOHOL OR DRUGS WERE A FACTOR.
- 6. **POINT OF CONTACT:** PERSON THAT CAN BE CONTACTED THAT WILL BE ABLE TO PROVIDE FOLLOW ON INFORMATION FOR THE MISHAP. INCLUDE NAME, RANK, E-MAIL, PHONE AND COMMAND NAME.

# AVIATION REPORTING

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## ➤ **DoDI 6055.07, MISHAP NOTIFICATION, INVESTIGATION, REPORTING AND RECORD KEEPING**

- ❖ **Policy**

- ❖ **Definitions**

# AVIATION REPORTING

---

## Which Instruction?

- **OPNAVINST 3750.6S**  
**Defined Naval Aircraft**
- **OPNAVIST 5102.1D & MCO P5102.1B**  
**Everything else**
- **Occasional exceptions do exist**
- **Legal Investigations?**

# AVIATION REPORTING

## Mishap Classification Thresholds

**DODI 6055.07, OPNAVINST 3750.6S, OPNAVIST 5102.1D & MCO P5102.1B**

- **Class A = \$2M Damage, A/C Destroyed, Fatality, Permanent Total Disability**
- **Class B = \$500K Damage, Permanent Partial Disability, 3 X personnel hospitalized**
- **Class C = \$50K Damage, lost work day**
- **Class D = \$20K Damage, injury beyond first Aid**
- **HAZREP = \$0K Damage, all other injuries**

# AVIATION REPORTING

## Definition of Naval Aircraft or UAV

**The term "naval aircraft or UAV" refers to those aircraft and UAVs of the U.S. Navy, U.S. Naval Reserve, U.S. Marine Corps, and U.S. Marine Corps Reserve for which the naval aircraft accounting system requires accountability. Included in this definition are all manned, weight-carrying, devices supported in flight by buoyancy or dynamic action, man-rated aircraft when operated remotely as drones with no live operator on board (NOLO), and all UAVs. Only after aircraft or unmanned aerial vehicles have been formally accepted from the manufacturer may they be defined as naval aircraft or UAVs. If the government has assumed ground and flight risk for aircraft bailed to non-naval organizations, those aircraft are naval aircraft or UAVs. In addition, aircraft or UAVs undergoing testing by naval activities, including aircraft or UAVs furnished by a contractor or another government agency, when operated by a naval aircrew in an official status, conducting tests for U.S. Naval use, are naval aircraft or UAVs. Aircraft leased by the U.S. Navy or U.S. Marine Corps are naval aircraft or UAVs, if the Navy or Marine Corps has exclusive use of them.**

# AVIATION REPORTING

## Definition of Naval Aircraft or UAV

- **DD-250 (formally accepted from the manufacturer)**
- **Manned aircraft**
- **Man-rated aircraft when operated remotely as drones**
- **UAVs**
- **Government has assumed ground and flight risk for aircraft bailed to non-naval organizations**
- **Aircraft or UAVs undergoing testing by naval activities, including aircraft or UAVs furnished by a contractor or another government agency, when operated by a naval aircrew in an official status, conducting tests for U.S. Naval use**
- **Aircraft leased by the U.S. Navy or U.S. Marine Corps are naval aircraft or UAVs, if the Navy or Marine Corps has exclusive use**



# AVIATION REPORTING

## OPNAINST 3750.6S

- **Flight Mishaps (FM)**
  - Intent for flight for aircraft or UAV existed
  - At least \$50,000 damage to aircraft or UAV
- **Flight-Related Mishaps (FRM)**
  - Less than \$50,000 damage to aircraft or UAV
  - Intent for flight existed
  - At least \$50,000 or more total DOD and non-DOD damage or a reportable injury or death occurred.
- **Aviation Ground Mishap (AGM).**
  - Intent for flight did not exist

# AVIATION REPORTING

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## Mishap Notification

- **Phone call to Safety Center within 60 minutes**
- **Follow up message**
  - **4 hours for Class A and B and**
  - **1<sup>st</sup> Amended message in 24 hours (if required)**
  - **Class C message in 24 hours**
- **Investigator can launch in 4 hours**
- **Always less than 24**

# AVIATION REPORTING

## Aircraft Mishap Board (AMB) Convenes

- **Standing Board at unit (squadron) level**
- **Senior Member: O-5 or above external to unit -Class A's**
- **Aviation Safety Officer: Trained at School of Aviation Safety**
- **Flight Surgeon: Trained at Naval Aerospace Medical Institute**
- **Operations: Expert on operating the aircraft**
- **Maintenance: Expert on maintenance procedures**
- **Other Specialties: As required**

# AVIATION REPORTING

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## **AMB Uses Concept of Privilege**

- **Derived from**
  - **Witness statements offered under a promise of confidentiality**
  - **Deliberative process**
- **Includes endorsements**
- **Protected by military and civilian courts**
- **Privileged Information is used for safety purposes only**
- **Not used for legal or administrative purposes**

# AVIATION REPORTING

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## **Safety Center Investigator Assigned to AMB**

- **Assigned to Class A mishaps (some others)**
- **Representative of CNO**
- **Controls Wreckage and all Real Evidence**
- **Coordinates Engineering Investigation**

# AVIATION REPORTING

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## The Safety Investigation Report (SIR) Process

- Senior Member independently releases SIR
- WAMHRS
- Up Endorsing chain (usually operational CoC)
- Community of Interest (COI) groups used to inform the aircraft community
- Class As through NAVAIR for aircraft issues
- Safety Center closes out Class A mishaps

# AVIATION REPORTING

---

## SIR Contents

- **SIRS contain**
  - **Narrative**
  - **Evidence**
  - **Aeromedical Analysis (AA)**
  - **Causal Factors**
  - **Recommendations**

## Recommendations for Mishap Prevention

- **Recommendations**
  - **Each causal factor has at least one**
  - **Intended to prevent recurrence**
  - **Assigned to specific agencies**
  - **Specific in nature**
  - **Final solutions**

# AVIATION REPORTING

## SIR Contents (previous method)

- **Causal Factors**
  - **Human Factors**  
**Aircrew, Supervisory, Facilities, Maintenance**  
**Acts/Preconditions/Supervisory/Organizational**
  - **MATERIAL**  
**COMPONENT/MODE/AGENT**

## SIR Contents

- **Causal Factors**
  - **Human Factors**  
**Human Factors Analysis Classification System**  
**(HFACS)**
  - - **MATERIAL**